MI:	SSC	DURI	DI	VIS	ION OF HEA	LTH - STAND	ARD (	CERTII	FICATE O	F DEATH	_	<del>-62-</del>	004	962
	A	MENDED	1	. R	egistration District No.	3/7 Prin	ery Registr	ation Distri	ct No50	ORegistrar's No.	32	st	ATE FILE NU	MBER
	DATE AMENDED			——————————————————————————————————————	b. CITY (If outside corporate limits, give TOWNSHI OR TOWN  c. FULL NAME OF (If NOT in hospital, give location HOSPITAL OR INSTITUTION 9415 Atwood Dr			١.	th of stay in 1b  Mo Inside Limits Yes R No	a. STATE T11: c. CITY OR TOWN d. STREET ADDRESS	inois b. co Stauntor	(Where deceased lived. If instituted in the country of the country		- destruction V
-  -					(Type or print)	Andro	-	Middle	<del>-</del>	Paur	4. DATÉ OF DEATH	Month 1	Day 1	62
				5	. sex Male	6. COLOR OR RACE White	7. Marr Widov	ied □ N wed <b>1</b> 20	lever Married [] Divorced []	8. DATE OF BIRTH May 19,18	9. AGE (last b		DER I YEAR	IF UNDER 24 HR Hours Min.
-SW(				_	o. USUAL OCCUPATION  during most of working	Give kind of work done Life, even if retired)	Co	al Mi		Yugosla	via		U.	S.A.
FOLLOWS			DOCUMENT			UT IN U.S. ARMED FORCES?		An	(			AME OF HUSBA rbara Ha Address	ljevic	(expire
THIS	INSTEAD OF			(14)	NO 18. CAUSE OF DEATH PART I.  Condition which gas above c stating fl	(Enter only one cause per DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Is, if any, verise to ause (a), the under- use last.)  DUE TO (c)	line f	ene FS	jalize HD UGI,	Joseph Pa	ur 80	4 N. Den	IN.	taunton TERVAL BETWEEN USET AND DEATH
NTS ON				CERTIFICATION		OTHER SIGNIFICANT Condition given in	n PART i (i	•)	<i>U</i>				Yes D	,
AMENDMENTS					PERFORMED? YES   NO	20a. ACCIDENT SUICIDI	HOMIC		06. DESCRIBE HOV	V INJURY OCCURRED	. (Enter nature of	injury in PART	I or PART II	of item 18.)
AM	SHOULD READ		AVIT OF	MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY   20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION   COUNTY   STATE									
	23a. BURIAL (Specify)  23d. LOCATION (City, town, or count period)  24d. FUNERAL DIRECTOR  25d. DATE RECD. BY LOCAL REG.  26d. REGISTRAN'S GRNATURE  27d. FUNERAL DIRECTOR  27d. FUNERAL							I	llinois					

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me
or by Robert a Mint	, Student Embalmer No
working under my personal supervision.	01232
StudentSignature of Student Embalmer	_ Signed Robert a Mung
•	licensed Embalmer No. 9805

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.